MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

08252

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH:

County: St. Marys

City or town: U.S.Naval Air Station, Patuxent River, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Dispensary, US NAS, Patuxent River, Md.

How long in hospital or institution? 2½ hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St. Marys

City or town: Ridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. ---
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: BAILEY, Eugene ASA

3.(b) Social Security Number: 218-12-0015

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Mollie Bailey

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 11, 1911

8. AGE: Years	Months	Days	If less than one day
36	6	21	____ hrs. ____ min.

9. Birthplace: Cedarville, ~~Maryland~~ West Virginia
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: McShain Contracting Co.

FATHER
12. Name: Warden L. Bailey
13. Birthplace: West Virginia

MOTHER
14. Maiden name: Muscio Stout
15. Birthplace: West Virginia

16. Informant: Mrs Edith Rausenberger

Address: 2-15th Ave. Brooklin Pk. Balto. Md.

17. Transportation (Burial, cremation or removal. Which?) Date thereof: 9-4-47 (month) (day) (year)

Cemetery or crematory

Location: Baltimore Maryland

18. Funeral director: A.B. Robinson

Address: Leonardtown

19. 9-4 1947 (Date rec'd by registrar) Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 2 19 47, at 11:54A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9:15A.M. 2 Sept. 1947, to 11:54AM 2 Sept. 1947 and that I last saw him alive on 11:53 AM 9-2-47 19

Immediate cause of death	DURATION
Traumatic Shock	
Due to: 1. Intracranial injury. 2. Fracture 4th & 5th ribs, left, with punctured left lung.	
Due to:	
Other conditions: Ruptured abdominal viscus with bloody vomitus	

(Include pregnancy within 3 months of death)

Major findings of operation: None

Date of op.

Autopsy results: Not done.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 9-2-47

Where did injury occur? NAS, Pat. River, Md. St. Marys, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Industry

Means of injury: Fell off scaffold Injured at work? Yes.

23. SIGNATURE: M.J. Costik LTJG MC USN
M.J. COSTIK, LTJG MC USN

Address: NAS, Patuxent River, Md. M.D. or other Date signed: 9-2-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

136

08253

Reg. Diat. No. 282

1. PLACE OF DEATH:

County: St. Mary's

City or town: Leonardstown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Mary's

City or town: Leonardtown

(If outside city or town limits, write RURAL and give nearest town)

Street No. R F D # 1

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph Edward Brooks

3.(b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Elizabeth Brooks

6.(c) If alive, give age: —

7. Birth date of deceased (mo., day, yr.): April 27 - 1900

8. AGE: Years: 47 Months: 4 Days: 11 If less than one day: hrs. min.

9. Birthplace: Medleys Nr Mary's Maryland (Town, county, and state)

10. Usual occupation: Cook

11. Industry or business: same

FATHER

12. Name: Frank Brooks

13. Birthplace: St Mary's Co

MOTHER

14. Maiden name: Virgie Brooks

15. Birthplace: St Mary's Co

16. Informant: Estelle J Thomas

Address: Mechanicsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 10-1947 (month) (day) (year)

Cemetery or crematory: Our Ladys Chapel

Location: near Leonardtown Md

18. Funeral director: W C Spalding Sons

Address: Leonardtown Maryland

19. 9/9 (Date rec'd by registrar) 19 47 Dr F A Gemelli Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7 Sept. 1947, at 12:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 Sept. 1947 to — Same — 19..... and that I last saw him alive on 7 Sept. 1947

Immediate cause of death: Shock — DURATION:

Due to: Pulmonary hemorrhage

Due to: Pulmonary tuberculosis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: T. Ford Baker M.D. M. D. or other

Address: Leonardtown Md. Date signed: 7 Sept 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M


RECEIVED
SEP 11 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

08254

CERTIFICATE OF DEATH

Reg. Diat. No. 281

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 hours 15 min

Hospital, Institution, or street address where death occurred:
St. Marys Hospital

How long in hospital or institution? 19 hours 15 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Margaret Ann Clements

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1947

8. AGE: Years — Months — Days — If less than one day 19 hrs. 15 min.

9. Birthplace Leonardtown, (Town, county, and state) Maryland

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Charles H. Clements

13. Birthplace St. Marys Co., Md.

14. Maiden name Agnes L. Angle

15. Birthplace Washington, D.C.

16. Informant Charles H. Clements

Address Leonardtown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 20 1947 (month) (day) (year)

Cemetery or crematory St. Aloysius Cemetery

Location Leonardtown, Md.

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. Sept. 19-1947 (Date rec'd by registrar) P. J. Beary M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1947, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 18 1947 to Sept 19 1947 and that I last saw her alive on Sept. 18, 1947

Immediate cause of death	DURATION
Premature birth (6½ months)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Beary M.D. M. D. or other

Address Great Mills Md Date signed 9-19-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Insert correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45.15M

08255

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
County: St. Marys
City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
St. Mary's Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: St. Mary's
City or town: Great Mills
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Phyllis Joann Dean

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 6, 1947

8. AGE: Years | Months: 5 | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Leonardtown, Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER — 12. Name: Russell M. Dean Jr.
13. Birthplace: Virginia

MOTHER — 14. Maiden name: Priest Sellers
15. Birthplace: Virginia

16. Informant: Russell M. Dean Jr.
Address: Great Mills, Md.

17. Transportation — Date thereof: 9-10-47 (month) (day) (year)
(Burial, cremation, or removal. Which?)

Cemetery or crematory:
Location: Cochran, Virginia

18. Funeral director: P. B. Robinson
Address: Leonardtown Md.

19. 9/10 1947 (Date rec'd by registrar) P. J. Bean Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 9 1947, at 10.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7 1947 to Sept 9 1947 and that I last saw her alive on Sept 9 1947

Immediate cause of death	DURATION
Broncho-pneumonia	24 hours
Due to: Whooping cough	2 weeks
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: P J Bean Md
M. D. or other
Address: Date signed:

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

08256

CERTIFICATE OF DEATH

Reg. Diat. No. 257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County St Marys

City or town Compton Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Compton Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Compton R. F. D #2
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Benj Duckett

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Mary A. Hammell Duckett 6.(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) May 19 - 1869

8. AGE: Years	Months	Days	If less than one day
78	3	29	hrs. min.

9. Birthplace Compton St Marys Maryland
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Cecelious Duckett

13. Birthplace Prince Georges co Md

MOTHER 14. Maiden name Mary E. Bowen

15. Birthplace St Marys Co

16. Informant Mrs James B. Duckett

Address Compton Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 19-1947 (month), (day), (year)

Cemetery or crematory St Francis Xavier

Location Compton Maryland

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. Sept 19 1947 (Date rec'd by registrar) Frank A Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17. 1947, at 5.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 9 1947, to 19..; and that I last saw h alive on 19..

Immediate cause of death Cardio Vascular Disease — DURATION unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Francis J. Greenwell M. D. or other

Address Leonardtown Md Date signed 9-17-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

08257

CERTIFICATE OF DEATH

Reg. Diat. No. 282

1. PLACE OF DEATH: St. Mary's.

County.....

City or town. USNTTR - Piney Point, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. - 4 mo - 14 days.

Hospital, institution, or street address where death occurred:

.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ohio County.....

City or town Toledo

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1714 Starr Ave

(If rural, give LOCATION)

2.(a) If veteran, name war World War II

3. (a) FULL NAME Greulich, Walter George

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W-US	Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) 6-19-25

8. AGE:

Years	Months	Days	If less than one day
22	2	20	.....hrs. .....min.

9. Birthplace Toledo Ohio

(Town, county, and state)

10. Usual occupation Fireman - US Navy

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden name Unknown

15. Birthplace "

16. Informant Commanding Officer

Address USNTTR- Piney Point, Maryland

17. Removal Date thereof 9-9-47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location Bethesda Md.

18. Funeral director C.B. Robinson

Address Leonardtown

19. 9-9 1947 Canalier

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9-47 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death	DURATION
Asphyxiation by drowning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-9-47

Where did injury occur? Piney Point, St Mary's Maryland

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) USNTTR - Piney Point Md.

Means of injury Injured at work?

23. SIGNATURE Francis F Greenwell Coroner

M. D. or other

Address Leonardtown Md Date signed 9/12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

46C

08258

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Inigoes

City or town Hillcrest Hollywood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Inigoes

City or town Hillcrest, Hollywood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Frances Florence Hutchins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

6.(b) Name of husband or wife Francis W. Hutchins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 30 1955

8. AGE: Years	Months	Days	If less than one day
92	3	26	..... hrs. ..... min.

9. Birthplace Hillcrest St. Inigoes Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Francis F. Floyd.

13. Birthplace Charles Co. Md.

MOTHER

14. Maiden name Frances W. Davis

15. Birthplace St. Inigoes. Co. Md.

16. Informant Frances Rebecca Floyd

Address Hollywood, Md.

17. Buried Date thereof Sept 29 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns

Location Hollywood, Md.

18. Funeral director W. C. Mattingley Sons

Address Leonardtown, Maryland

19. Sept 26 1947 J. J. Bean M.D.
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1947, at 9:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 1947 to Sept 26 1947 and that I last saw him alive on Sept 25 1947

Immediate cause of death	DURATION
Carcinoma of duodenum	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE J. J. Bean M.D.

M. D. or other

Address Grand Mill Md. Date signed Sept 26/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1276

CERTIFICATE OF DEATH

08259

Reg. Diat. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County St Marys

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)

State Maryland County St Marys

City or town Drayden
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Lillian Mary Morgan

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	White	S

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9 1947

8. AGE: Years | Months 7 | Days 4 | If less than one day ... hrs. ... min.

9. Birthplace St Marys Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Wilmer C. Morgan

13. Birthplace St Marys Co Md

MOTHER 14. Maiden name Dorothy A. Morgan

15. Birthplace St Marys Co Md

16. Informant Dorothy A Morgan

Address Drayden

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 14 47 (month) (day) (year)

Cemetery or crematory St Josephs Cemetery

Location Maryland St Marys Co Md

18. Funeral director W. C. Bartenslay Sons

Address Leonardtown Md

19. 9/16/47 19 Frank A. Cissel Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 19 47 at 8:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on Sept 13 19 47 and that I last saw h alive on 19

Immediate cause of death	DURATION
Asphyxia	7 min
Due to Drowning	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Francis J. Greenwell Jr M. D., or other

Address Leonardtown Md Date signed 9/13/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

08260

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One day

Hospital, institution, or street address where death occurred: St Marys Hosp.

How long in hospital or institution? One day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Holly Wood (If outside city or town limits, write RURAL and give nearest town)

Street No.: R. D. # 1 (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: John S. Redman

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Bertie M. Redman

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): March 8 - 1864

8. AGE:

Years	Months	Days	If less than one day
83	5	12	...hrs. ...min.

9. Birthplace: Holly Wood St Marys Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: Alexander Redman

13. Birthplace: St Marys Co

MOTHER — 14. Maiden name: Mary Redman

15. Birthplace: St Marys Co

16. Informant: Mrs Bertie M. Redman

Address: Holly Wood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 20-1947 (month) (day) (year)

Cemetery or crematory: St Johns Cemetery

Location: Holly Wood Md

18. Funeral director: W. C. Mattingley Son

Address: Leonardtown Md

19. 9/23 1947 F. A. Camalier (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-18 1947, at 8 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9-8 1947 to 9-18 1947 and that I last saw h[illegible] alive on 9-18 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 days
Due to: Cardio Vascular disease	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ...Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ...Injured at work?

23. SIGNATURE: Francis T. Greenwell M.D. M. D. or other

Address: Leonardtown Md Date signed: 9-18-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M


SEP 25 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a 08261

CERTIFICATE OF DEATH

Reg. Dist. No. 28/

1. PLACE OF DEATH:
County St. Mary's
City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County St. Mary's
City or town Morganza
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Mary Emma Smith

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 9, 1874

8. AGE:

Years	Months	Days	If less than one day
73	4	18	..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Joseph Thomas
13. Birthplace Maryland

MOTHER 14. Maiden name Rebecca Jenkins
15. Birthplace Maryland

16. Informant Joseph W. Smith
Address Morganza, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-30-47 (month) (day) (year)
Cemetery or crematory St. Joseph
Location Morganza, Md.

18. Funeral director P. B. Robinson
Address Leonardtown

19. Sept 29 1947 (Date rec'd by registrar) P. B. Gram M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27 1947 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 1947, to Sept 27 1947
and that I last saw him alive on Sept 25 1947

Immediate cause of death	DURATION
Central hemorrhage	6 hours
Due to: General arteriosclerosis	10 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE P. B. Gram M.D. M. D. or other
Address Quiet Mills, Md. Date signed Sept 29/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08263

830

CERTIFICATE OF DEATH

Reg. Diat. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: Clements Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Clements Maryland

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Clements
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Alberta Tennyson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: Ira F. Tennyson

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): April 29 - 1881

8. AGE:

Years	Months	Days	If less than one day
60	4	6	...hrs. ...min.

9. Birthplace: Clements St Marys Md
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: Peter Guy
13. Birthplace: St Marys Co.

MOTHER
14. Maiden name: Georgia Cullins
15. Birthplace: St marys Co

16. Informant: Ira F. Tennyson
Address: Clements Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 6 - 1947 (month) (day) (year)

Cemetery or crematory: St Joseph Cemetery

Location: Morganza Md

18. Funeral director: W C Mattingly Sons

Address: Leonardtown Md

19. 9/8 1947 Dr. L. B. Cayadier Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 4 1947 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Viewed the deceased on 9-6 1947
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 Hrs
Due to: Arterial Sclerosis	40 Yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ... Injured at work?

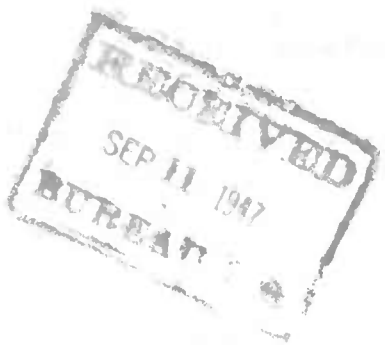
23. SIGNATURE: Francis F Greenwell M.D.
M. D. or coroner

Address: Loveville Md Date signed: 9-9-1947

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


RECEIVED
SEP 11 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

08262

CERTIFICATE OF DEATH

Reg. Dist. No. 257

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County St. Marys
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County St. Marys
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Alice Toomey

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	widowed

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb. 10 1855

8. AGE: Years 92 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Ralsby Gunn

13. Birthplace Maryland

MOTHER 14. Maiden name Nellie Slater

15. Birthplace Maryland

16. Informant Jane A. Blackistone

Address Leonardtown Md.

17. Burial Date thereof 9-29-47 (month) (day) (year)
(Burial, cremation, or removal. Which?)

Cemetery or crematory St. Aloysius (cold)

Location Leonardtown

18. Funeral director C. B. Robinson

Address Leonardtown Md.

19. 9/29 1947 Caudles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-26 1947, at 11 65 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 22 1947 to Sept. 26 1947 and that I last saw h.. alive on Sept. 24 1947

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. A. Greenwell (Jr.) M. D. or other
Address Leonardtown Date signed 9/29/47